

Declaration and Power of Attorney For Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled MEDICAL SUCTION APPARATUS AND METHODS FOR DRAINING SAME (Attorney Docket No. 15005-9426-00), the specification of which is attached hereto.


I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Customer Number

23409

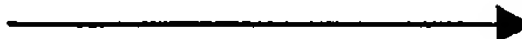


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DIRECT ALL COMMUNICATIONS IN OR PERTAINING TO THIS APPLICATION TO:

Customer Number

23409



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I hereby claim priority benefit under Title 35, United States Code, §119 of the provisional U.S. patent application listed below:

Application Serial No.
60/192,751

Filing Date
28 March 2000

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first joint inventor: Barry G. Anderson

Inventor's signature Barry G. Anderson
Date: 3/27/01
Residence: Sheboygan, Wisconsin
Citizenship: United States of America
Post Office Address: 1728 North 13th Street
Sheboygan, Wisconsin 53081

Full name of second joint inventor: Joseph M. Hand

Inventor's signature _____
Date: _____
Residence: Sheboygan Falls, Wisconsin
Citizenship: United States of America
Post Office Address: 436 Prospect Avenue
Sheboygan Falls, Wisconsin 53085

I hereby claim priority benefit under Title 35, United States Code, §119 of the provisional U.S. patent application listed below:

Application Serial No.
60/102,751

Filing Date
28 March 2000

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first joint inventor: Barry G. Anderson

Inventor's signature _____

Date: _____

Residence:

Sheboygan, Wisconsin

Citizenship:

United States of America

Post Office Address:

1728 North 13th Street

Sheboygan, Wisconsin 53081

Full name of second joint inventor: Joseph M. Hand

Inventor's signature _____

Date: _____

Residence:

Sheboygan Falls, Wisconsin

Citizenship:

United States of America

Post Office Address:

436 Prospect Avenue

Sheboygan Falls, Wisconsin 53085

granted on said applications to the full end of the terms for which said patents may be